

SEP 07 2006

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## FACSIMILE TRANSMITTAL SHEET

<b>To:</b>	<b>FROM:</b>
Commissioner for Patents Mail Stop AF Examiner Lien M. Ngo Art Unit 3754	Jon O. Nelson
<b>COMPANY:</b>	<b>DATE:</b>
U.S. Patent Office	September 7, 2006
<b>FAX NUMBER:</b>	<b>TOTAL NO. OF PAGES:</b>
571-273-8300	9
<b>RE:</b>	<b>OUR REFERENCE NO.:</b>
Serial No. 10/784,349 Filed: February 23, 2004	04286.00140
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<b>NAME:</b> Kathy Rodak	<b>PHONE:</b> (312) 463-5548
<b>COMMENTS:</b>	

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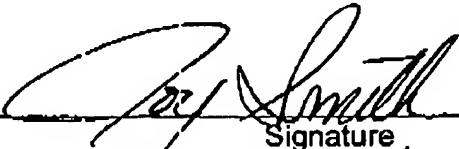
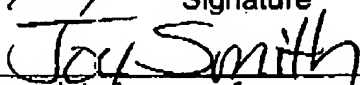
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Transmittal Form

Fee Transmittal

Amendment in Response to Final Rejection Dated July 20, 2006

Terminal Disclaimer

Serial No. 10/784,349

Filed: February 23, 2004

Attorney Docket No. 04286.00140

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/784,349
	Filing Date	February 23, 2004
	First Named Inventor	Donald E. Godshaw
	Art Unit	3754
	Examiner Name	Lien M. Ngo
Total Number of Pages in This Submission	Attorney Docket Number	04286.00140

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Jon O. Nelson		
Date	September 7, 2006	Reg. No.	24,566

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**

Complete If Known

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CENTRAL FAX CENTER****SEP 07 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 65

Application Number 10784,349

Filing Date February 23, 2004

First Named Inventor Donald E. Godshaw

Examiner Name Lien M. Ngo

Art Unit 3754

Attorney Docket No. 04286.00140

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-0733

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Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

360

180

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP=

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP=

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x

**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Statutory Disclaimer

\$65

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	24,566	Telephone	312.463.5000
Name (Print/Type)	Jon O. Nelson	Date	September 7, 2006		

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